

**LICENSING COMPLAINT INVESTIGATION CHECKLIST  
-- UNLICENSED FACILITY**

Yes	N/A	A. Task Completed By Licensing Representative
		CFS 596, Licensing Complaint Record
		Records check completed
		Licensing Complaint Investigation initiated within 2 days
		CFS 596-A, Licensing Complaint Investigation Summary completed
		CFS 596-B, Licensing Complaint Investigation Interview Notes completed
		30 day extension of time requested / approved, if applicable (provide approval dates: _____)
		Notice prepared: Owner/Operator <ul style="list-style-type: none"><li>• CFS 596-21, Program/Facility Exempt from Licensure; <u>OR</u></li><li>• CFS 596-22, Program/Facility Operating Without a License</li></ul>
		CFS 596-23, Notice to Complainant of Licensing Complaint Investigation
		Contact Central Office of Licensing Enforcement Unit if Program/Facility Operating Without a License
<b>B. Follow-Up Actions</b> (Observations that should be discussed with the licensing supervisor or other DCFS/agency staff)		

**Certification:**

I hereby certify that all activities identified in this report did occur. I further certify that my findings in this report are based on facts obtained during the investigation and my professional judgment about those facts.

Date: \_\_\_\_\_  
Licensing Representative

**I have reviewed the Licensing Complaint Investigation:**      ☐ **Approved**      ☐ **Disapproved**

Date: \_\_\_\_\_  
Licensing Supervisor